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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 116	
County <u>Graham</u>	District <u>Safford</u>	County Registered No. <u>51</u>	
Town <u>Pitkin</u>	Or City	Local Registrar's No. <u>57</u>	
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Louise Taylor</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u> Black <u>Indian</u> Chinese <u>Mexican</u>	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>July 25, 1922</u> (Month) (Day) (Year)
DATE OF BIRTH <u>July 25, 1922</u> (Month) (Day) (Year)		I hereby certify, that I attended deceased from _____ 191..... to 191.....; that I last saw h..... alive on 191....., and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows: <u>Premature Birth.</u>	
AGE yrs. mos. days <u>It less than 1 day</u>		(Duration) yrs. mos. days	
OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business, or establishment in which employed or (employer).....		Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE (State or country) <u>Pima Arizona</u>		CONTRIBUTORY (Duration) yrs. mos. days	
NAME OF FATHER <u>Escor Taylor</u>		(Signed) <u>Edrych</u>	
BIRTHPLACE OF FATHER (State or country) <u>Pima Arizona</u>		191..... (Address)	
MAIDEN NAME OF MOTHER <u>Fidelia Dodge</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF MOTHER (State or country) <u>Pima Arizona</u>		LENGTH OF RESIDENCE	
The Above is True to the Best of My Knowledge		At place of death..... yrs. mos. ds. In Arizona..... yrs. mos. ds.	
(Informant) <u>Mrs. R. C. Dryden</u>		Former or Usual Residence	
(Address) <u>Pitkin, Ariz.</u>		Filed <u>8-2-1922</u> <u>Alma Burns</u>	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	Local Registrar	
UNDERTAKER	ADDRESS	Filed <u>8/10 1922</u> <u>J. H. Hester</u>	
		County Registrar.	